

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ **Initial**

Not yet qualified ☐ or

10/28/2019

Date qualified as committee

☐ **Amendment**

List I.D. number:

Date qualified as committee
(If applicable)

☐ **Termination - See Part 5**

List I.D. number:

Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use only

Page 1

1. Committee Information

NAME OF COMMITTEE

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS
AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC
SAFETY ORGANIZATIONS

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS
FORM410@NMGVLAW.COM

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE
STATEWIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STEVEN S. LUCAS

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

NAME OF ASSISTANT TREASURER, IF ANY

JOEL S. AURORA

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

DAVIS WHITE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/01/2019
DATE

By STEVEN S. LUCAS

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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1. Committee Information

NAME OF COMMITTEE

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS
AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC
SAFETY ORGANIZATIONS

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

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2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
BRIAN MCGUIGAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

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Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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1. Committee Information

NAME OF COMMITTEE

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS
AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC
SAFETY ORGANIZATIONS

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
MAX RETTIG

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

3. Verification

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Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY

Page 4

I.D. NUMBER

1422181

4. Type of Committee

 Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8905	BANK ACCOUNT NUMBER
ADDRESS	CITY CORTE MADERA	STATE CA
		ZIPCODE 94925

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
PROTECT APP-BASED DRIVERS AND SERVICES ACT - INITIATIVE STATUTE (#19-0026)	STATEWIDE	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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FORM 410**

INSTRUCTIONS ON REVERSE



COMMITTEE NAME

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY

Page 5

I.D. NUMBER
1422181

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
DOORDASH, INC.INDUSTRY GROUP OR AFFILIATION OF SPONSOR
DELIVERY NETWORK COMPANY

STREET ADDRESS

NO. AND STREET

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

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INSTRUCTIONS ON REVERSE



COMMITTEE NAME

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY

Page 6

I.D. NUMBER
1422181

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
UBER TECHNOLOGIES, INC.INDUSTRY GROUP OR AFFILIATION OF SPONSOR
TRANSPORTATION NETWORK AND DELIVERY NETWORK COMPANY

STREET ADDRESS

NO. AND STREET

CITY
SAN RAFAELSTATE
CAZIP CODE
94901**Small Contributor Committee**

Date qualified

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COMMITTEE NAME

PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY

Page 7

I.D. NUMBER

1422181

4. Type of Committee (Continued)

General Purpose Committee

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☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR
LYFT, INC.INDUSTRY GROUP OR AFFILIATION OF SPONSOR
TRANSPORTATION NETWORK AND DELIVERY NETWORK COMPANY

STREET ADDRESS

NO. AND STREET

CITY
SAN RAFAELSTATE
CAZIP CODE
94901

Small Contributor Committee



Date qualified

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